



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO
EMPLOYMENT APPLICATION

Personnel Department
172 West Third Street, Second Floor
San Bernardino, CA 92415-0302

Phone: (909) 387-6894

Job Hotline: (909) 387-9150

Website: www.sbcounty.gov/courts

Date Received: _____

JOB TITLE _____ **ANNOUNCEMENT NO.** _____

APPLICATION ESSENTIALS

- **Carefully read the job announcement to be sure that you meet the minimum requirements. Applicants who fail to show how they meet these requirements will be disqualified from the examination.**
- **Complete all sides of this application. Print in black ink or type.**
- **The information you provide in this application will be used to verify and evaluate your job qualifications. An incomplete application or inaccurate information may disqualify you.**
- **A resume will not be accepted in place of a completed application.**
- **This application must be returned according to the instructions listed on the job announcement.**

Qualified ☐
Disqualified ☐
Code _____
Initials _____
Date _____

Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____
Mailing Address _____ City _____ State _____ Zip Code _____
Home Phone () _____ Work () _____ Cell or Other Phone () _____
E-mail Address: _____

Authorization to Release Information

My signature affirms that all information on this application and any attachments is true and complete to the best of my knowledge. I understand that any false statements may lead to disqualification or dismissal. Further, I authorize all employers, institutions, government agencies and persons named as references (except in regard to my current employment if I specify that I do not want my employer to be contacted) to release information for use in establishing my qualifications and credentials for this position. This authorization:

- removes all liability from those who provide information and verification in response to any information I have stated in applying for this job or any information that has a bearing on my suitability for employment with the Superior Court of California, County of San Bernardino.
- releases the Superior Court of California, County of San Bernardino and any agent acting on its behalf from any and all liability of whatever nature in requesting or using such information to assess my candidacy for employment.
- is valid during my entire candidacy and during any resulting period of employment with the Superior Court of California, County of San Bernardino.

SIGNATURE _____ **DATE** _____

FAILURE TO ACCEPT A JOB OR APPEAR FOR AN INTERVIEW MAY RESULT IN REMOVAL OF YOUR NAME FROM THE ELIGIBLE LIST.

1. Indicate the type of position(s) you will accept: ☐ Full-time ☐ Part-time ☐ Temporary
2. Indicate the geographic area(s) where you will work. Refusing a job offer if you check its location below will result in removal from the list.

WEST END	VALLEY	LOWER DESERT	UPPER DESERT	MOUNTAINS
<input type="checkbox"/> Chino	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Joshua Tree	<input type="checkbox"/> Victorville	<input type="checkbox"/> Twin Peaks
<input type="checkbox"/> Rancho Cucamonga	<input type="checkbox"/> Fontana		<input type="checkbox"/> Barstow	<input type="checkbox"/> Big Bear
	<input type="checkbox"/> Redlands		<input type="checkbox"/> Needles	
3. Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? (Applicants whose dismissals or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer yes.) ☐ Yes ☐ No
4. **As an adult (age 18), have you ever been convicted of a misdemeanor or felony (include expungements)?** ☐ Yes ☐ No **You must complete this section to be considered for the job(s) and to continue in the examination process.** Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes.

Date and location of conviction: _____ Code violation number: _____
Description of offense: _____
5. Do you have any relatives working for the Superior Court of California, County of San Bernardino? ☐ Yes ☐ No
Name: _____ Department: _____ Relationship: _____
6. Driver's license (if needed for the job). Class: _____ State: _____ License Number: _____ Expiration date: _____
7. Check all that apply: High School ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED ☐ HS Diploma ☐ Some College ☐ Undergraduate Degree ☐ Graduate Degree
8. List languages other than English in which you are proficient. Read _____ Write _____
9. If this position requires typing and/or shorthand, please indicate. Typing speed: _____ wpm Shorthand speed: _____ wpm

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FAIR EMPLOYMENT INFORMATION

Attention applicant: Please do not detach. This information will be detached from your application and used for research and statistical purposes only. In order to comply with Federal regulations in the area of Equal Employment Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR 60-2, 12, 60-250.5). For this reason, we would appreciate your voluntary cooperation in providing the following information. Notwithstanding the provision of these regulations, it shall be unlawful for purpose of any appointment, hiring or promotion to use this information to discriminate against a prospective or incumbent employee or to give preference to a person identified as a member of an ethnic, racial or religious group upon the basis of such membership or identification.

Title of job for which you are applying _____

- -
Social Security Number

Birth Date

-
Month Year

Last Name: _____ First Name: _____ M.I.: _____

Superior Court of California,

County of San Bernardino Employee: Yes ☐ No ☐

Sex: Male ☐ Female ☐

Disabled: Yes ☐ No ☐

As a result of a disability, will you need to have accommodation in the:

☐ Interview/examination process

☐ Performance of the essential functions of the job

ETHNICITY (Check off the most appropriate choice)

☐ American Indian or Alaskan Native

☐ Hispanic

☐ Asian or Pacific Islander

☐ White (Not Hispanic Origin)

☐ Black

☐ Other

How did you hear about this employment opportunity? (Check off the most appropriate choice)

☐ Weekly Listing/Job Announcement

☐ Employment Development Department

☐ Havasu News

☐ I Inquired

☐ Riverside Press-Enterprise

☐ Court Web Site

☐ Hi Desert Star

☐ Other Website **Which one?** _____

☐ Orange County Register

☐ Job Fair

☐ Victorville Daily Press

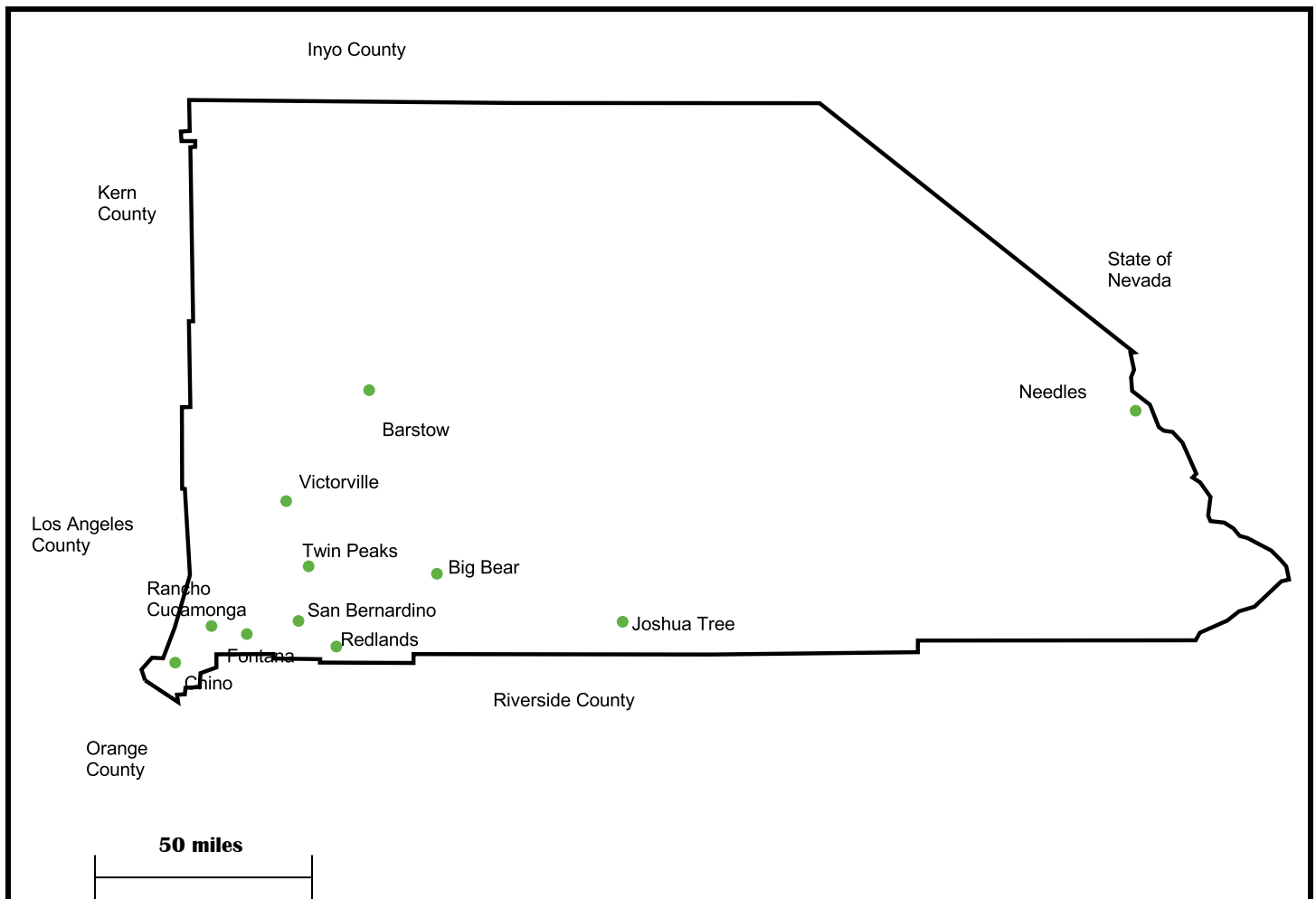
☐ Job Hotline

☐ Other Newspaper **Which one?** _____

☐ Jobs Available (Publication)

☐ Campus Career Center

☐ Other Source **Which one?** _____



Court Locations

Barstow Court
235 E. Mountain Ave.
Barstow, CA 92311

Big Bear Court
477 Summit Ave.
Big Bear, CA 92315

Chino Court
13260 Central Ave.
Chino, CA 91710

Joshua Tree Court
6527 White Feather Rd.
Joshua Tree, CA 92252

Juvenile Court
900 E. Gilbert St.
San Bernardino, CA 92415

Fontana Court
17780 N. Arrow Highway
Fontana, CA 92335

Needles Court
1111 Bailey St.
Needles, CA 92363

Rancho Cucamonga Court
8303 N. Haven Ave.
Rancho Cucamonga, CA 91730

Redlands Court
216 Brookside Ave.
Redlands, CA 92373

San Bernardino Court
351 N. Arrowhead Ave.
San Bernardino, CA 92415

Twin Peaks Court
26010 State Highway 189
Twin Peaks, CA 92391

Victorville Court
14455 Civic Dr.
Victorville, CA 92392

ADDITIONAL WORK EXPERIENCE

EMPLOYMENT HISTORY: Please account for all employment within the last ten years, beginning with your current or most recent position. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.). **Resumes are welcome, but will not be accepted as a replacement for this application. Please use the additional work experience addendum form or you may attach additional sheets if necessary. Complete all requested information fully. Your application will be rejected if you write "See Resume."**

ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year
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Name and Title of Immediate Supervisor

Address	City, State	Zip Code	Phone Number
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Monthly Salary Beginning \$ _____ Ending \$ _____	Hours per Week _____ Reason for Leaving _____
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Summary of Job Duties

FOR OFFICE USE

ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year
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Name and Title of Immediate Supervisor

Address	City, State	Zip Code	Phone Number
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Monthly Salary Beginning \$ _____ Ending \$ _____	Hours per Week _____ Reason for Leaving _____
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Summary of Job Duties

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Summary of Job Duties

FOR OFFICE USE